

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-1324	I FROM 4/ 1/2007	I --AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I TO 3/31/2008	I --INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I	I --FINAL 1-MCR CODE	I	
				I 00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 9/ 2/2008 TIME 15:13

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
FERRELL HOSPITAL 14-1324

FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2007 AND ENDING 3/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)_____
TITLE_____
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	224,275	72,124	0	
3 SWING BED - SNF	0	7,235	0	0	
100 TOTAL	0	231,510	72,124	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
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COST REPORT CERTIFICATION	I		I	TO 3/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
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ELECTRONICALLY FILED COST REPORT

DATE: 9/ 2/2008 TIME 15:16

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FERRELL HOSPITAL

14-1324

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)_____
TITLE_____
DATE

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HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
I 14-1324 I FROM 4/ 1/2007 I WORKSHEET S-2
I I TO 3/31/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1201 PINE STREET

1.01 CITY: EL DORADO

P.O. BOX:

STATE: IL

ZIP CODE: 62930-

COUNTY: SALINE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	FERRELL HOSPITAL	14-1324	2.01	3	4 5 6
04.00 SWING BED - SNF	FERRELL S/B SNF	14-2324		2/ 1/2003	N 0 N
				2/ 1/2003	N 0 N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2007 TO: 3/31/2008

18 TYPE OF CONTROL

1 2
2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
20 SUBPROVIDER

1

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?

N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.

2

Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.

N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

/ / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

/ / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

/ / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

/ / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

/ / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

/ / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

/ / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3.

/ /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3.

/ /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?

N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.

N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.

26.01 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 2/ 1/2003

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

	1	2	3	4
	0	0.0000	0.0000	
	0.00	0		

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING	%	Y/N
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	1.00%	Y
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)

V	XVIII	XIX
1	2	3
N	N	N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
I 14-1324 I FROM 4/ 1/2007 I WORKSHEET S-2
I TO 3/31/2008 I

- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N
- 40.01 NAME: FI/CONTRACTOR NAME
- 40.02 STREET: P.O. BOX: FI/CONTRACTOR #
- 40.03 CITY: STATE: ZIP CODE: -
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
1	2	3	4	5
N	N	N	N	N

47.00 HOSPITAL

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 0
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0
- 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 (04/2005)

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET S-3
I	I TO 3/31/2008	I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	----- I/P DAYS / TITLE V 3	O/P VISITS / TITLE XVIII 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	25	9,150	61,152.00		1,992		397
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF					904		
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	25	9,150	61,152.00		2,896		397
12	TOTAL	25	9,150	61,152.00		2,896		397
13	RPCH VISITS							
25	TOTAL	25						
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		----- I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED	O/P VISITS TOTAL ALL PATS	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED	--- INTERNS & RES. FTES --- LESS I&R REPL NON-PHYS ANES
1	ADULTS & PEDIATRICS	5.01	6	6.01	8
2	HMO	5.02	2,788	6.02	
2	01 HMO - (IRF PPS SUBPROVIDER)				
3	ADULTS & PED-SB SNF		904		
4	ADULTS & PED-SB NF				
5	TOTAL ADULTS AND PEDS		3,692		
12	TOTAL		3,692		
13	RPCH VISITS				
25	TOTAL				
26	OBSERVATION BED DAYS		677		
27	AMBULANCE TRIPS			677	
28	EMPLOYEE DISCOUNT DAYS				
28	01 EMP DISCOUNT DAYS -IRF				

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	----- DISCHARGES TITLE V 12	----- TITLE XVIII 13	----- TITLE XIX 14	----- TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					566	153	857
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
12	TOTAL		146.30			566	153	857
13	RPCH VISITS							
25	TOTAL		146.30					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET S-10
 I I TO 3/31/2008 I
 I I I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 252,654

17.01 GROSS MEDICAID REVENUES 1,149,843

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS 19,061

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 1,421,558

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .519954

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
I 14-1324 I FROM 4/ 1/2007 I WORKSHEET S-10
I I TO 3/31/2008 I
I I I

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	4,005,435
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,082,642
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,651,643
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	858,778
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	2,082,642

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1324
II PERIOD:
I FROM 4/ 1/2007
I TO 3/31/2008
I PREPARED 9/ 2/2008
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		756,700	756,700	-160,969	595,731
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				183,581	183,581
5	0500 EMPLOYEE BENEFITS	96,905	1,957,079	2,053,984		2,053,984
6	0600 ADMINISTRATIVE & GENERAL	734,322	1,886,077	2,620,399		2,620,399
7	0700 MAINTENANCE & REPAIRS	220,508	115,334	335,842		335,842
8	0800 OPERATION OF PLANT		248,367	248,367		248,367
9	0900 LAUNDRY & LINEN SERVICE	35,640	21,137	56,777		56,777
10	1000 HOUSEKEEPING	178,084	19,107	197,191		197,191
11	1100 DIETARY	179,110	160,719	339,829	-70,136	269,693
12	1200 CAFETERIA				70,136	70,136
14	1400 NURSING ADMINISTRATION	128,381	13,566	141,947		141,947
17	1700 MEDICAL RECORDS & LIBRARY	161,523	36,875	198,398		198,398
20	2000 NONPHYSICIAN ANESTHETISTS					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,191,322	61,867	1,253,189	-20,512	1,232,677
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	231,249	67,383	298,632		298,632
40	4000 ANESTHESIOLOGY	68,026	143,064	211,090		211,090
41	4100 RADIOLOGY-DIAGNOSTIC	443,938	509,385	953,323		953,323
44	4400 LABORATORY	445,183	387,681	832,864		832,864
49	4900 RESPIRATORY THERAPY	295,805	67,144	362,949		362,949
50	5000 PHYSICAL THERAPY	217,059	66,816	283,875		283,875
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	94,531	178,174	272,705		272,705
56	5600 DRUGS CHARGED TO PATIENTS	159,096	481,079	640,175		640,175
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	259,205	153,007	412,212	-1,650	410,562
61	6100 EMERGENCY	305,494	768,299	1,073,793		1,073,793
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	5,445,381	8,098,860	13,544,241	450	13,544,691
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES	224,656	82,932	307,588	-450	307,138
98.01	9801 MARKETING	43,306	102,101	145,407		145,407
101	TOTAL	5,713,343	8,283,893	13,997,236	-0-	13,997,236

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1324	I FROM 4/ 1/2007	I 9/ 2/2008
I	I TO 3/31/2008	I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-21,637	574,094
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		183,581
5	0500	EMPLOYEE BENEFITS		2,053,984
6	0600	ADMINISTRATIVE & GENERAL	-1,840	2,618,559
7	0700	MAINTENANCE & REPAIRS		335,842
8	0800	OPERATION OF PLANT	-23,719	224,648
9	0900	LAUNDRY & LINEN SERVICE		56,777
10	1000	HOUSEKEEPING		197,191
11	1100	DIETARY		269,693
12	1200	CAFETERIA	-33,817	36,319
14	1400	NURSING ADMINISTRATION		141,947
17	1700	MEDICAL RECORDS & LIBRARY	-8,323	190,075
20	2000	NONPHYSICIAN ANESTHETISTS		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS		1,232,677
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		298,632
40	4000	ANESTHESIOLOGY	-211,089	1
41	4100	RADIOLOGY-DIAGNOSTIC		953,323
44	4400	LABORATORY		832,864
49	4900	RESPIRATORY THERAPY		362,949
50	5000	PHYSICAL THERAPY		283,875
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		272,705
56	5600	DRUGS CHARGED TO PATIENTS	-100,606	539,569
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		410,562
61	6100	EMERGENCY	-399,285	674,508
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		SPEC PURPOSE COST CENTERS		
95		SUBTOTALS	-800,316	12,744,375
		NONREIMBURS COST CENTERS		
98	9800	PHYSICIANS' PRIVATE OFFICES		307,138
98.01	9801	MARKETING		145,407
101		TOTAL	-800,316	13,196,920

COST CENTERS USED IN COST REPORT

IN LIEU OF FORM CMS-2552-96(9/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 3/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	MARKETING	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
141324	FROM 4/ 1/2007	9/ 2/2008
	TO 3/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 RECLASS CAFETERIA EXPENSE	A	CAFETERIA	12		46,635	23,501
2 RENT	B	NEW CAP REL COSTS-MVBLE EQUIP	4			22,612
3						
4						
5 DEPRECIATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4			160,969
36 TOTAL RECLASSIFICATIONS					46,635	207,082

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
141324	FROM 4/ 1/2007	9/ 2/2008
	TO 3/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 RECLASS CAFETERIA EXPENSE	A	DIETARY	11		46,635	23,501	
2 RENT	B	ADULTS & PEDIATRICS	25			20,512	10
3		CLINIC	60			1,650	
4		PHYSICIANS' PRIVATE OFFICES	98			450	
5 DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3			160,969	9
36 TOTAL RECLASSIFICATIONS					46,635	207,082	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

IN LIEU OF FORM CMS-2552-96 (09/1996)		
PROVIDER NO:	PERIOD:	PREPARED 9/ 2/2008
141324	FROM 4/ 1/2007	WORKSHEET A-6
	TO 3/31/2008	NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS CAFETERIA EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	70,136
TOTAL RECLASSIFICATIONS FOR CODE A			70,136

DECREASE			
COST CENTER	LINE	AMOUNT	
DIETARY	11	70,136	
		70,136	

RECLASS CODE: B
EXPLANATION : RENT

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	22,612
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			22,612

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	20,512	
CLINIC	60	1,650	
PHYSICIANS' PRIVATE OFFICES	98	450	
		22,612	

RECLASS CODE: C
EXPLANATION : DEPRECIATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	160,969
TOTAL RECLASSIFICATIONS FOR CODE C			160,969

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	160,969	
		160,969	

Health Financial Systems MCRIF32 FOR FERRELL HOSPITAL
 ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL
 ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS

IN LIEU OF FORM CMS-2552-96(09/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET A-7
 I I TO 3/31/2008 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	155,302					155,302	
2 LAND IMPROVEMENTS	23,195					23,195	
3 BUILDINGS & FIXTURE	1,871,504	785,514		785,514		2,657,018	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	1,237,327	324,035		324,035		1,561,362	
6 MOVABLE EQUIPMENT							
7 SUBTOTAL	3,287,328	1,109,549		1,109,549		4,396,877	
8 RECONCILING ITEMS							
9 TOTAL	3,287,328	1,109,549		1,109,549		4,396,877	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION		COMPUTATION OF RATIOS		ALLOCATION OF OTHER CAPITAL				TOTAL
		GROSS ASSETS	CAPITIALIZED GROSS ASSETS	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7
*								
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL				1.000000			

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	574,094						574,094
4	NEW CAP REL COSTS-MV	160,969	22,612					183,581
5	TOTAL	735,063	22,612					757,675

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	756,700						756,700
4	NEW CAP REL COSTS-MV							
5	TOTAL	756,700						756,700

- * All lines numbers except line 5 are to be consistent with workseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

IN LIEU OF FORM CMS-2552-96(05/1999)
 I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET A-8
 I I TO 3/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-21,637	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-920	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-399,285			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-26,538	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS	B	-23,719	OPERATION OF PLANT	8	
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-100,606	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-8,323	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-7,279	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 CRNA	A	-211,089	ANESTHESIOLOGY	40	
38 MISCELLANEOUS INCOME	B	-920	ADMINISTRATIVE & GENERAL	6	
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
49.01					
49.02					
49.03					
49.04					
49.05					
49.06					
49.07					
49.08					
49.09					
49.10					
49.11					
49.12					
49.13					
50 TOTAL (SUM OF LINES 1 THRU 49)		-800,316			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-1324
II PERIOD:
I FROM 4/ 1/2007
I TO 3/31/2008I PREPARED 9/ 2/2008
I WORKSHEET A-8-2
I GROUP 1

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	49	CARDIOPULMONARY	6,875		6,875				
2	61	EMERGENCY ROOM	749,339	399,285	350,054				
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	756,214	399,285	356,929				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
I 14-1324 I FROM 4/ 1/2007 I WORKSHEET A-8-2
I I TO 3/31/2008 I GROUP 1

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	49	CARDIOPULMONARY							
2	61	EMERGENCY ROOM							
3									399,285
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							399,285

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 3/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	5	PATIENT	DAYS	ENTERED
12	CAFETERIA	7	HOURS		ENTERED
14	NURSING ADMINISTRATION	9	NURSING	SALARIES	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS	REVENUE	ENTERED
20	NONPHYSICIAN ANESTHETISTS	15	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	574,094	574,094					
005 NEW CAP REL COSTS-MVBLE E	183,581		183,581				
006 EMPLOYEE BENEFITS	2,053,984			2,053,984			
007 ADMINISTRATIVE & GENERAL	2,618,559	194,192	62,096	268,548	3,143,395	3,143,395	
008 MAINTENANCE & REPAIRS	335,842	23,589	7,543	80,642	447,616	139,954	587,570
009 OPERATION OF PLANT	224,648	29,591	9,463		263,702	82,451	48,797
010 LAUNDRY & LINEN SERVICE	56,777	18,628	5,957	13,034	94,396	29,514	30,718
011 HOUSEKEEPING	197,191	8,003	2,559	65,127	272,880	85,320	13,197
012 DIETARY	269,693	28,415	9,087	48,447	355,642	111,197	46,858
013 CAFETERIA	36,319	4,420	1,414	17,055	59,208	18,512	7,289
014 NURSING ADMINISTRATION	141,947	14,235	4,552	46,950	207,684	64,936	23,473
017 MEDICAL RECORDS & LIBRARY	190,075	7,219	2,308	59,070	258,672	80,878	11,904
020 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,232,677	106,118	33,934	435,679	1,808,408	565,427	174,992
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	298,632	17,479	5,589	84,570	406,270	127,027	28,823
041 ANESTHESIOLOGY	1	3,380	1,081	24,878	29,340	9,174	5,573
044 RADIOLOGY-DIAGNOSTIC	953,323	27,888	8,918	162,352	1,152,481	360,342	45,988
049 LABORATORY	832,864	14,329	4,582	162,807	1,014,582	317,225	23,629
050 RESPIRATORY THERAPY	362,949	26,888	8,598	108,179	506,614	158,401	44,339
055 PHYSICAL THERAPY	283,875	1,622	519	79,380	365,396	114,247	2,675
056 MEDICAL SUPPLIES CHARGED	272,705	4,785	1,530	34,571	313,591	98,049	7,891
DRUGS CHARGED TO PATIENTS	539,569	16,479	5,270	58,183	619,501	193,697	27,174
OUTPAT SERVICE COST CNTRS							
060 CLINIC	410,562	21,481	6,869	94,794	533,706	166,872	35,422
061 EMERGENCY	674,508	5,353	1,712	111,722	793,295	248,036	8,828
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	12,744,375	574,094	183,581	1,955,988	12,646,379	2,971,259	587,570
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	307,138			82,159	389,297	121,720	
098 01 MARKETING	145,407			15,837	161,244	50,416	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	13,196,920	574,094	183,581	2,053,984	13,196,920	3,143,395	587,570

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	394,950						
010 LAUNDRY & LINEN SERVICE	22,518	177,146					
011 HOUSEKEEPING	9,674		381,071				
012 DIETARY	34,349		36,083	584,129			
014 CAFETERIA	5,344		5,613		95,966		
017 NURSING ADMINISTRATION	17,207		18,076		3,007	334,383	
020 MEDICAL RECORDS & LIBRARY	8,726		9,167		6,119		375,466
025 NONPHYSICIAN ANESTHETISTS							
037 INPAT ROUTINE SRVC CNTRS							
040 ADULTS & PEDIATRICS	128,278	177,146	134,753	584,129	30,813	253,582	47,479
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	21,129		22,196		4,704	38,710	25,698
049 ANESTHESIOLOGY	4,085		4,292				12,076
050 RADIOLOGY-DIAGNOSTIC	33,712		35,414		8,502		93,355
055 LABORATORY	17,322		18,196		12,248		66,107
056 RESPIRATORY THERAPY	32,503		34,143		7,497		33,709
060 PHYSICAL THERAPY	1,961		2,060		4,275		9,685
061 MEDICAL SUPPLIES CHARGED	5,785		6,077		3,618		5,767
062 DRUGS CHARGED TO PATIENTS	19,920		20,926		3,062		38,270
095 OUTPAT SERVICE COST CNTRS							
098 CLINIC	25,966		27,277		5,991		21,702
101 EMERGENCY	6,471		6,798		5,115	42,091	21,618
102 OBSERVATION BEDS (NON-DIS							
103 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	394,950	177,146	381,071	584,129	94,951	334,383	375,466
098 NONREIMBURS COST CENTERS							
098 01 PHYSICIANS' PRIVATE OFFIC							
101 MARKETING					1,015		
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	394,950	177,146	381,071	584,129	95,966	334,383	375,466

COST ALLOCATION - GENERAL SERVICE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I	WORKSHEET B
I		I	TO 3/31/2008	I	PART I

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		20	25	26	27
003	GENERAL SERVICE COST CNTR				
004	NEW CAP REL COSTS-BLDG &				
005	NEW CAP REL COSTS-MVBLE E				
006	EMPLOYEE BENEFITS				
007	ADMINISTRATIVE & GENERAL				
008	MAINTENANCE & REPAIRS				
009	OPERATION OF PLANT				
010	LAUNDRY & LINEN SERVICE				
011	HOUSEKEEPING				
012	DIETARY				
014	CAFETERIA				
017	NURSING ADMINISTRATION				
020	MEDICAL RECORDS & LIBRARY				
025	NONPHYSICIAN ANESTHETISTS				
	INPAT ROUTINE SRVC CNTRS				
	ADULTS & PEDIATRICS		3,905,007		3,905,007
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM		674,557		674,557
040	ANESTHESIOLOGY		64,540		64,540
041	RADIOLOGY-DIAGNOSTIC		1,729,794		1,729,794
044	LABORATORY		1,469,309		1,469,309
049	RESPIRATORY THERAPY		817,206		817,206
050	PHYSICAL THERAPY		500,299		500,299
055	MEDICAL SUPPLIES CHARGED		440,778		440,778
056	DRUGS CHARGED TO PATIENTS		922,550		922,550
	OUTPAT SERVICE COST CNTRS				
060	CLINIC		816,936		816,936
061	EMERGENCY		1,132,252		1,132,252
062	OBSERVATION BEDS (NON-DIS				
	SPEC PURPOSE COST CENTERS				
095	SUBTOTALS		12,473,228		12,473,228
	NONREIMBURS COST CENTERS				
098	PHYSICIANS' PRIVATE OFFIC		511,017		511,017
098 01	MARKETING		212,675		212,675
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	TOTAL		13,196,920		13,196,920

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL		194,192	62,096	256,288		256,288	
008 MAINTENANCE & REPAIRS		23,589	7,543	31,132		11,411	42,543
009 OPERATION OF PLANT		29,591	9,463	39,054		6,722	3,533
010 LAUNDRY & LINEN SERVICE		18,628	5,957	24,585		2,406	2,224
011 HOUSEKEEPING		8,003	2,559	10,562		6,956	956
012 DIETARY		28,415	9,087	37,502		9,066	3,393
014 CAFETERIA		4,420	1,414	5,834		1,509	528
017 NURSING ADMINISTRATION		14,235	4,552	18,787		5,294	1,700
020 MEDICAL RECORDS & LIBRARY		7,219	2,308	9,527		6,594	862
025 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS		106,118	33,934	140,052		46,104	12,668
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		17,479	5,589	23,068		10,357	2,087
041 ANESTHESIOLOGY		3,380	1,081	4,461		748	404
044 RADIOLOGY-DIAGNOSTIC		27,888	8,918	36,806		29,379	3,330
049 LABORATORY		14,329	4,582	18,911		25,864	1,711
050 RESPIRATORY THERAPY		26,888	8,598	35,486		12,915	3,210
055 PHYSICAL THERAPY		1,622	519	2,141		9,315	194
056 MEDICAL SUPPLIES CHARGED		4,785	1,530	6,315		7,994	571
DRUGS CHARGED TO PATIENTS		16,479	5,270	21,749		15,792	1,968
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		21,481	6,869	28,350		13,605	2,565
062 EMERGENCY		5,353	1,712	7,065		20,223	639
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
SUBTOTALS		574,094	183,581	757,675		242,254	42,543
098 NONREIMBURS COST CENTERS							
098 01 PHYSICIANS' PRIVATE OFFIC						9,924	
MARKETING						4,110	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		574,094	183,581	757,675		256,288	42,543

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	49,309						
010 LAUNDRY & LINEN SERVICE	2,811	32,026					
011 HOUSEKEEPING	1,208		19,682				
012 DIETARY	4,288		1,864	56,113			
014 CAFETERIA	667		290		8,828		
017 NURSING ADMINISTRATION	2,148		934		277	29,140	
020 MEDICAL RECORDS & LIBRARY	1,089		473		563		19,108
025 NONPHYSICIAN ANESTHETISTS							
037 INPAT ROUTINE SRVC CNTRS							
040 ADULTS & PEDIATRICS	16,016	32,026	6,960	56,113	2,834	22,099	2,417
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	2,638		1,146		433	3,373	1,308
049 ANESTHESIOLOGY	510		222				615
050 RADIOLOGY-DIAGNOSTIC	4,209		1,829		782		4,745
055 LABORATORY	2,163		940		1,127		3,366
056 RESPIRATORY THERAPY	4,058		1,763		690		1,716
060 PHYSICAL THERAPY	245		106		393		493
061 MEDICAL SUPPLIES CHARGED	722		314		333		294
062 DRUGS CHARGED TO PATIENTS	2,487		1,081		282		1,948
095 OUTPAT SERVICE COST CNTRS							
098 CLINIC	3,242		1,409		551		1,105
101 EMERGENCY	808		351		470	3,668	1,101
102 OBSERVATION BEDS (NON-DIS							
103 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	49,309	32,026	19,682	56,113	8,735	29,140	19,108
098 NONREIMBURS COST CENTERS							
101 PHYSICIANS' PRIVATE OFFIC							
102 01 MARKETING					93		
103 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	49,309	32,026	19,682	56,113	8,828	29,140	19,108

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET B
I	I TO 3/31/2008	I PART III

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		20	25	26	27
003	GENERAL SERVICE COST CNTR				
004	NEW CAP REL COSTS-BLDG &				
005	NEW CAP REL COSTS-MVBLE E				
006	EMPLOYEE BENEFITS				
007	ADMINISTRATIVE & GENERAL				
008	MAINTENANCE & REPAIRS				
009	OPERATION OF PLANT				
010	LAUNDRY & LINEN SERVICE				
011	HOUSEKEEPING				
012	DIETARY				
014	CAFETERIA				
017	NURSING ADMINISTRATION				
020	MEDICAL RECORDS & LIBRARY				
	NONPHYSICIAN ANESTHETISTS				
	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS		337,289		337,289
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM		44,410		44,410
040	ANESTHESIOLOGY		6,960		6,960
041	RADIOLOGY-DIAGNOSTIC		81,080		81,080
044	LABORATORY		54,082		54,082
049	RESPIRATORY THERAPY		59,838		59,838
050	PHYSICAL THERAPY		12,887		12,887
055	MEDICAL SUPPLIES CHARGED		16,543		16,543
056	DRUGS CHARGED TO PATIENTS		45,307		45,307
	OUTPAT SERVICE COST CNTRS				
060	CLINIC		50,827		50,827
061	EMERGENCY		34,325		34,325
062	OBSERVATION BEDS (NON-DIS				
	SPEC PURPOSE COST CENTERS				
095	SUBTOTALS		743,548		743,548
	NONREIMBURS COST CENTERS				
098	PHYSICIANS' PRIVATE OFFIC		9,924		9,924
098 01	MARKETING		4,203		4,203
101	CROSS FOOT ADJUSTMENTS				
102	NEGATIVE COST CENTER				
103	TOTAL		757,675		757,675

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET B-1
 I I TO 3/31/2008 I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCIL- IATION	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	(SQUARE FEET	(SQUARE)FEET	(GROSS) SALARIES		(ACCUM. COST	(SQUARE)FEET
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	42,468					
005 NEW CAP REL COSTS-MVB		42,468				
006 EMPLOYEE BENEFITS			5,616,438			
007 ADMINISTRATIVE & GENE	14,365	14,365	734,322	-3,143,395	10,053,525	
008 MAINTENANCE & REPAIRS	1,745	1,745	220,508		447,616	26,358
009 OPERATION OF PLANT	2,189	2,189			263,702	2,189
010 LAUNDRY & LINEN SERVI	1,378	1,378	35,640		94,396	1,378
011 HOUSEKEEPING	592	592	178,084		272,880	592
012 DIETARY	2,102	2,102	132,475		355,642	2,102
014 CAFETERIA	327	327	46,635		59,208	327
017 NURSING ADMINISTRATIO	1,053	1,053	128,381		207,684	1,053
020 MEDICAL RECORDS & LIB	534	534	161,523		258,672	534
025 NONPHYSICIAN ANESTHET						
ADULTS & PEDIATRICS	7,850	7,850	1,191,322		1,808,408	7,850
037 ANCILLARY SRVC COST C						
OPERATING ROOM	1,293	1,293	231,249		406,270	1,293
040 ANESTHESIOLOGY	250	250	68,026		29,340	250
041 RADIOLOGY-DIAGNOSTIC	2,063	2,063	443,938		1,152,481	2,063
044 LABORATORY	1,060	1,060	445,183		1,014,582	1,060
049 RESPIRATORY THERAPY	1,989	1,989	295,805		506,614	1,989
050 PHYSICAL THERAPY	120	120	217,059		365,396	120
055 MEDICAL SUPPLIES CHAR	354	354	94,531		313,591	354
056 DRUGS CHARGED TO PATI	1,219	1,219	159,096		619,501	1,219
060 OUTPAT SERVICE COST C						
CLINIC	1,589	1,589	259,205		533,706	1,589
061 EMERGENCY	396	396	305,494		793,295	396
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	42,468	42,468	5,348,476	-3,143,395	9,502,984	26,358
098 NONREIMBURS COST CENT						
PHYSICIANS' PRIVATE O			224,656		389,297	
098 01 MARKETING			43,306		161,244	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	574,094	183,581	2,053,984		3,143,395	587,570
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	13.518273		.365709		.312666	
(WRKSHT B, PT I)		4.322808				22.291904
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					256,288	42,543
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.025492	
(WRKSHT B, PT III)						1.614045

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET B-1
 I I TO 3/31/2008 I

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY
		(SQUARE FEET	(PATIENT)DAYS	(SQUARE)FEET	(PATIENT)DAYS	(HOURS)	(NURSING)SALARIES	(GROSS)REVENUE
		8	9	10	11	12	14	17
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	24,169						
010	LAUNDRY & LINEN SERVI	1,378	100					
011	HOUSEKEEPING	592		22,199				
012	DIETARY	2,102		2,102	100			
014	CAFETERIA	327		327		195,516		
017	NURSING ADMINISTRATIO	1,053		1,053		6,127	82,779	
020	MEDICAL RECORDS & LIB	534		534		12,466		24,601,170
025	NONPHYSICIAN ANESTHET							
037	INPAT ROUTINE SRVC CN							
040	ADULTS & PEDIATRICS	7,850	100	7,850	100	62,776	62,776	3,110,902
041	ANCILLARY SRVC COST C							
044	OPERATING ROOM	1,293		1,293		9,583	9,583	1,683,798
049	ANESTHESIOLOGY	250		250				791,259
050	RADIOLOGY-DIAGNOSTIC	2,063		2,063		17,322		6,116,733
055	LABORATORY	1,060		1,060		24,953		4,331,451
056	RESPIRATORY THERAPY	1,989		1,989		15,274		2,208,662
060	PHYSICAL THERAPY	120		120		8,710		634,577
061	MEDICAL SUPPLIES CHAR	354		354		7,372		377,868
062	DRUGS CHARGED TO PATI	1,219		1,219		6,239		2,507,551
095	OUTPAT SERVICE COST C							
098	CLINIC	1,589		1,589		12,206		1,421,939
098	EMERGENCY	396		396		10,420	10,420	1,416,430
098	OBSERVATION BEDS (NON							
098	SPEC PURPOSE COST CEN							
098	SUBTOTALS	24,169	100	22,199	100	193,448	82,779	24,601,170
098	NONREIMBURS COST CENT							
098	PHYSICIANS' PRIVATE O							
098	01 MARKETING					2,068		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	394,950	177,146	381,071	584,129	95,966	334,383	375,466
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		1,771.460000		5,841.290000		4.039467	
105	(WRKSHT B, PT I)	16.341181		17.166134		.490835		.015262
105	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	49,309	32,026	19,682	56,113	8,828	29,140	19,108
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		320.260000		561.130000		.352022	
108	(WRKSHT B, PT III)	2.040175		.886617		.045152		.000777

COST ALLOCATION - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET B-1
I	I TO 3/31/2008	I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS
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(ASSIGNED
TIME)

20

003	GENERAL SERVICE COST	
004	NEW CAP REL COSTS-BLD	
005	NEW CAP REL COSTS-MVB	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENE	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVI	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
017	NURSING ADMINISTRATIO	
020	MEDICAL RECORDS & LIB	
025	NONPHYSICIAN ANESTHET	100
	INPAT ROUTINE SRVC CN	
	ADULTS & PEDIATRICS	
037	ANCILLARY SRVC COST C	
040	OPERATING ROOM	
041	ANESTHESIOLOGY	100
044	RADIOLOGY-DIAGNOSTIC	
049	LABORATORY	
050	RESPIRATORY THERAPY	
055	PHYSICAL THERAPY	
056	MEDICAL SUPPLIES CHAR	
	DRUGS CHARGED TO PATI	
	OUTPAT SERVICE COST C	
060	CLINIC	
061	EMERGENCY	
062	OBSERVATION BEDS (NON	
	SPEC PURPOSE COST CEN	
095	SUBTOTALS	100
	NONREIMBURS COST CENT	
098	PHYSICIANS' PRIVATE O	
098 01	MARKETING	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	COST TO BE ALLOCATED	
	(PER WRKSHT B, PART	
104	UNIT COST MULTIPLIER	
	(WRKSHT B, PT I)	
105	COST TO BE ALLOCATED	
	(PER WRKSHT B, PART	
106	UNIT COST MULTIPLIER	
	(WRKSHT B, PT II)	
107	COST TO BE ALLOCATED	
	(PER WRKSHT B, PART	
108	UNIT COST MULTIPLIER	
	(WRKSHT B, PT III)	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET C
I	I TO 3/31/2008	I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,905,007		3,905,007		
37	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	674,557		674,557		
41	ANESTHESIOLOGY	64,540		64,540		
44	RADIOLOGY-DIAGNOSTIC	1,729,794		1,729,794		
49	LABORATORY	1,469,309		1,469,309		
50	RESPIRATORY THERAPY	817,206		817,206		
55	PHYSICAL THERAPY	500,299		500,299		
56	MEDICAL SUPPLIES CHARGED	440,778		440,778		
	DRUGS CHARGED TO PATIENTS	922,550		922,550		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	816,936		816,936		
61	EMERGENCY	1,132,252		1,132,252		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	605,103		605,103		
101	SUBTOTAL	13,078,331		13,078,331		
102	LESS OBSERVATION BEDS	605,103		605,103		
103	TOTAL	12,473,228		12,473,228		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET C
 I I TO 3/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,590,376		2,590,376			
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	232,900	1,450,898	1,683,798	.400616	.400616	
41	ANESTHESIOLOGY	91,333	187,286	278,619	.231642	.231642	
44	RADIOLOGY-DIAGNOSTIC	759,134	5,357,599	6,116,733	.282797	.282797	
49	LABORATORY	744,131	3,587,320	4,331,451	.339219	.339219	
50	RESPIRATORY THERAPY	530,686	855,532	1,386,218	.589522	.589522	
55	PHYSICAL THERAPY	86,539	548,038	634,577	.788398	.788398	
56	MEDICAL SUPPLIES CHARGED	760,481	439,831	1,200,312	.367220	.367220	
	DRUGS CHARGED TO PATIENTS	1,666,443	841,108	2,507,551	.367909	.367909	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,421,939	1,421,939	.574523	.574523	
61	EMERGENCY	49,437	1,366,993	1,416,430	.799370	.799370	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		421,102	421,102	1.436951	1.436951	
101	SUBTOTAL	7,511,460	16,477,646	23,989,106			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,511,460	16,477,646	23,989,106			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I	WORKSHEET C
I		I	TO 3/31/2008	I	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS	3,905,007		3,905,007		
	ADULTS & PEDIATRICS					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	674,557		674,557		
40	ANESTHESIOLOGY	64,540		64,540		
41	RADIOLOGY-DIAGNOSTIC	1,729,794		1,729,794		
44	LABORATORY	1,469,309		1,469,309		
49	RESPIRATORY THERAPY	817,206		817,206		
50	PHYSICAL THERAPY	500,299		500,299		
55	MEDICAL SUPPLIES CHARGED	440,778		440,778		
56	DRUGS CHARGED TO PATIENTS	922,550		922,550		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	816,936		816,936		
61	EMERGENCY	1,132,252		1,132,252		
62	OBSERVATION BEDS (NON-DIS	605,103		605,103		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	13,078,331		13,078,331		
102	LESS OBSERVATION BEDS	605,103		605,103		
103	TOTAL	12,473,228		12,473,228		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I	WORKSHEET C
I		I	TO 3/31/2008	I	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,590,376		2,590,376			
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	232,900	1,450,898	1,683,798	.400616	.400616	
41	ANESTHESIOLOGY	91,333	187,286	278,619	.231642	.231642	
44	RADIOLOGY-DIAGNOSTIC	759,134	5,357,599	6,116,733	.282797	.282797	
49	LABORATORY	744,131	3,587,320	4,331,451	.339219	.339219	
50	RESPIRATORY THERAPY	530,686	855,532	1,386,218	.589522	.589522	
55	PHYSICAL THERAPY	86,539	548,038	634,577	.788398	.788398	
56	MEDICAL SUPPLIES CHARGED	760,481	439,831	1,200,312	.367220	.367220	
60	DRUGS CHARGED TO PATIENTS	1,666,443	841,108	2,507,551	.367909	.367909	
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC		1,421,939	1,421,939	.574523	.574523	
101	EMERGENCY	49,437	1,366,993	1,416,430	.799370	.799370	
102	OBSERVATION BEDS (NON-DIS		421,102	421,102	1.436951	1.436951	
103	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	7,511,460	16,477,646	23,989,106			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,511,460	16,477,646	23,989,106			

Health Financial Systems MCRIF32 FOR FERRELL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET C
 I I TO 3/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	674,557	44,410	630,147			674,557
40	ANESTHESIOLOGY	64,540	6,960	57,580			64,540
41	RADIOLOGY-DIAGNOSTIC	1,729,794	81,080	1,648,714			1,729,794
44	LABORATORY	1,469,309	54,082	1,415,227			1,469,309
49	RESPIRATORY THERAPY	817,206	59,838	757,368			817,206
50	PHYSICAL THERAPY	500,299	12,887	487,412			500,299
55	MEDICAL SUPPLIES CHARGED	440,778	16,543	424,235			440,778
56	DRUGS CHARGED TO PATIENTS	922,550	45,307	877,243			922,550
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	816,936	50,827	766,109			816,936
61	EMERGENCY	1,132,252	34,325	1,097,927			1,132,252
62	OBSERVATION BEDS (NON-DIS	605,103		605,103			605,103
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	9,173,324	406,259	8,767,065			9,173,324
102	LESS OBSERVATION BEDS	605,103		605,103			605,103
103	TOTAL	8,568,221	406,259	8,161,962			8,568,221

Health Financial Systems MCRIF32 FOR FERRELL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET C
 I I TO 3/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,683,798	.400616	.400616
40	ANESTHESIOLOGY	278,619	.231642	.231642
41	RADIOLOGY-DIAGNOSTIC	6,116,733	.282797	.282797
44	LABORATORY	4,331,451	.339219	.339219
49	RESPIRATORY THERAPY	1,386,218	.589522	.589522
50	PHYSICAL THERAPY	634,577	.788398	.788398
55	MEDICAL SUPPLIES CHARGED	1,200,312	.367220	.367220
56	DRUGS CHARGED TO PATIENTS	2,507,551	.367909	.367909
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,421,939	.574523	.574523
61	EMERGENCY	1,416,430	.799370	.799370
62	OBSERVATION BEDS (NON-DIS	421,102	1.436951	1.436951
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	21,398,730		
102	LESS OBSERVATION BEDS	421,102		
103	TOTAL	20,977,628		

Health Financial Systems MCRIF32 FOR FERRELL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET C
 I I TO 3/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	674,557	44,410	630,147			674,557
40	ANESTHESIOLOGY	64,540	6,960	57,580			64,540
41	RADIOLOGY-DIAGNOSTIC	1,729,794	81,080	1,648,714			1,729,794
44	LABORATORY	1,469,309	54,082	1,415,227			1,469,309
49	RESPIRATORY THERAPY	817,206	59,838	757,368			817,206
50	PHYSICAL THERAPY	500,299	12,887	487,412			500,299
55	MEDICAL SUPPLIES CHARGED	440,778	16,543	424,235			440,778
56	DRUGS CHARGED TO PATIENTS	922,550	45,307	877,243			922,550
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	816,936	50,827	766,109			816,936
61	EMERGENCY	1,132,252	34,325	1,097,927			1,132,252
62	OBSERVATION BEDS (NON-DIS	605,103		605,103			605,103
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	9,173,324	406,259	8,767,065			9,173,324
102	LESS OBSERVATION BEDS	605,103		605,103			605,103
103	TOTAL	8,568,221	406,259	8,161,962			8,568,221

Health Financial Systems MCRIF32 FOR FERRELL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET C
 I I TO 3/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,683,798	.400616	.400616
40	ANESTHESIOLOGY	278,619	.231642	.231642
41	RADIOLOGY-DIAGNOSTIC	6,116,733	.282797	.282797
44	LABORATORY	4,331,451	.339219	.339219
49	RESPIRATORY THERAPY	1,386,218	.589522	.589522
50	PHYSICAL THERAPY	634,577	.788398	.788398
55	MEDICAL SUPPLIES CHARGED	1,200,312	.367220	.367220
56	DRUGS CHARGED TO PATIENTS	2,507,551	.367909	.367909
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,421,939	.574523	.574523
61	EMERGENCY	1,416,430	.799370	.799370
62	OBSERVATION BEDS (NON-DIS	421,102	1.436951	1.436951
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	21,398,730		
102	LESS OBSERVATION BEDS	421,102		
103	TOTAL	20,977,628		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I	WORKSHEET C
I		I	TO 3/31/2008	I	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	674,557	1,683,798			
41	ANESTHESIOLOGY	64,540	278,619			
44	RADIOLOGY-DIAGNOSTIC	1,729,794	6,116,733			
49	LABORATORY	1,469,309	4,331,451			
50	RESPIRATORY THERAPY	817,206	1,386,218			
55	PHYSICAL THERAPY	500,299	634,577			
56	MEDICAL SUPPLIES CHARGED	440,778	1,200,312			
	DRUGS CHARGED TO PATIENTS	922,550	2,507,551			
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC	816,936	1,421,939			
62	EMERGENCY	1,132,252	1,416,430			
	OBSERVATION BEDS (NON-DIS	605,103	421,102			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	9,173,324	21,398,730			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I	WORKSHEET C	
I		I	TO 3/31/2008	I	PART V	

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	674,557		674,557	1,683,798			
40	ANESTHESIOLOGY	64,540		64,540	278,619			
41	RADIOLOGY-DIAGNOSTIC	1,729,794		1,729,794	6,116,733			
44	LABORATORY	1,469,309		1,469,309	4,331,451			
49	RESPIRATORY THERAPY	817,206		817,206	1,386,218			
50	PHYSICAL THERAPY	500,299		500,299	634,577			
55	MEDICAL SUPPLIES CHARGED	440,778		440,778	1,200,312			
56	DRUGS CHARGED TO PATIENTS	922,550		922,550	2,507,551			
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	816,936		816,936	1,421,939			
61	EMERGENCY	1,132,252	399,285	1,531,537	1,416,430			
62	OBSERVATION BEDS (NON-DIS	605,103		605,103	421,102			
	OTHER REIMBURS COST CNTRS							
101	TOTAL	9,173,324	399,285	9,572,609	21,398,730			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 3/31/2008	I	PART V
I	14-1324	I		I	

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.400616		.400616		
40 ANESTHESIOLOGY	.231642		.231642		
41 RADIOLOGY-DIAGNOSTIC	.282797		.282797		
44 LABORATORY	.339219		.339219		
49 RESPIRATORY THERAPY	.589522		.589522		
50 PHYSICAL THERAPY	.788398		.788398		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.367220		.367220		
56 DRUGS CHARGED TO PATIENTS	.367909		.367909		
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.574523		.574523		
61 EMERGENCY	.799370		.799370		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.436951		1.436951		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET D
I COMPONENT NO:	I TO 3/31/2008	I PART V
I 14-1324	I	I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		640,664			
40 ANESTHESIOLOGY		109,668			
41 RADIOLOGY-DIAGNOSTIC		1,722,643			
44 LABORATORY		1,410,953			
49 RESPIRATORY THERAPY		562,633			
50 PHYSICAL THERAPY		182,782			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		215,505			
56 DRUGS CHARGED TO PATIENTS		530,501			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		1,417,872			
61 EMERGENCY		284,132			
62 OBSERVATION BEDS (NON-DISTINCT PART)		289,531			
101 SUBTOTAL		7,366,884			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		7,366,884			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET D
I COMPONENT NO:	I TO 3/31/2008	I PART V
I 14-1324	I	I

TITLE XVIII, PART B

HOSPITAL

	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	256,660		
40 ANESTHESIOLOGY	25,404		
41 RADIOLOGY-DIAGNOSTIC	487,158		
44 LABORATORY	478,622		
49 RESPIRATORY THERAPY	331,685		
50 PHYSICAL THERAPY	144,105		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	79,138		
56 DRUGS CHARGED TO PATIENTS	195,176		
OUTPAT SERVICE COST CNTRS			
60 CLINIC	814,600		
61 EMERGENCY	227,127		
62 OBSERVATION BEDS (NON-DISTINCT PART)	416,042		
101 SUBTOTAL	3,455,717		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	3,455,717		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 3/31/2008	I	PART V
I	14-1324	I		I	

TITLE XIX - O/P

HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
Cost Center Description	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.400616				260,024
40 ANESTHESIOLOGY	.231642				
41 RADIOLOGY-DIAGNOSTIC	.282797				1,553,085
44 LABORATORY	.339219				647,021
49 RESPIRATORY THERAPY	.589522				192,776
50 PHYSICAL THERAPY	.788398				81,192
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.367220				66,637
56 DRUGS CHARGED TO PATIENTS	.367909				195,234
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.574523				
61 EMERGENCY	.799370				524,555
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.436951				
101 SUBTOTAL					3,520,524
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					3,520,524

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 3/31/2008	I	PART V
I	14-1324	I		I	

TITLE XIX - O/P

HOSPITAL

	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY					
101 OBSERVATION BEDS (NON-DISTINCT PART)					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET D
I COMPONENT NO:	I TO 3/31/2008	I PART V
I 14-1324	I	I

TITLE XIX - O/P

HOSPITAL

	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		104,170			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		439,208			
44 LABORATORY		219,482			
49 RESPIRATORY THERAPY		113,646			
50 PHYSICAL THERAPY		64,012			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		24,470			
56 DRUGS CHARGED TO PATIENTS		71,828			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		419,314			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		1,456,130			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		1,456,130			

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 3/31/2008	I PART I
I 14-1324	I	I

TITLE XVIII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,369
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,465
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,465
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	692
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	212
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	1,992
	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	692
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	212
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
	(EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	153.97
	DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,905,007
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	807,995
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,097,012

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,110,902
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,110,902
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.995535
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	897.81
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	3,097,012
	COST DIFFERENTIAL	

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 3/31/2008	I PART II
I 14-1324	I	I

TITLE XVIII PART A

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	893.80
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,780,450
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,780,450

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
--	------------------------	------------------------	--------------------------	----------------------	----------------------

42 NURSERY (TITLE V & XIX ONLY)
INTENSIVE CARE TYPE INPATIENT
HOSPITAL UNITS
43 INTENSIVE CARE UNIT
44 CORONARY CARE UNIT
45 BURN INTENSIVE CARE UNIT
46 SURGICAL INTENSIVE CARE UNIT
47 OTHER SPECIAL CARE

1

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1,032,718
49	TOTAL PROGRAM INPATIENT COSTS	2,813,168

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52 TOTAL PROGRAM EXCLUDABLE COST
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	618,510
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	189,486
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	807,996
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 3/31/2008	I PART III
I 14-1324	I	I

TITLE XVIII PART A

HOSPITAL

OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	677
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	893.80
85	OBSERVATION BED COST	605,103

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 9/ 2/2008
 I 14-1324 I FROM 4/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 3/31/2008 I
 I 14-1324 I

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,540,459	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.400616	128,508	51,482
40	ANESTHESIOLOGY	.231642	19,513	4,520
41	RADIOLOGY-DIAGNOSTIC	.282797	343,300	97,084
44	LABORATORY	.339219	447,813	151,907
49	RESPIRATORY THERAPY	.589522	325,485	191,881
50	PHYSICAL THERAPY	.788398	15,389	12,133
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.367220	491,769	180,587
56	DRUGS CHARGED TO PATIENTS	.367909	932,634	343,124
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.574523		
61	EMERGENCY	.799370		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.436951		
101	TOTAL		2,704,411	1,032,718
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,704,411	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 3/31/2008	I	
I	14-z324	I		I	

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.400616	3,514	1,408
40	ANESTHESIOLOGY	.231642		
41	RADIOLOGY-DIAGNOSTIC	.282797	51,021	14,429
44	LABORATORY	.339219	65,811	22,324
49	RESPIRATORY THERAPY	.589522	97,478	57,465
50	PHYSICAL THERAPY	.788398	64,006	50,462
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.367220	158,534	58,217
56	DRUGS CHARGED TO PATIENTS	.367909	265,183	97,563
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.574523		
61	EMERGENCY	.799370		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.436951		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		705,547	301,868
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		705,547	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 3/31/2008	I	
I	14-1324	I		I	

TITLE XIX		HOSPITAL	OTHER		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
	ADULTS & PEDIATRICS		509,829		
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.400616	42,766	17,133	
40	ANESTHESIOLOGY	.231642	14,794	3,427	
41	RADIOLOGY-DIAGNOSTIC	.282797	138,776	39,245	
44	LABORATORY	.339219	132,870	45,072	
49	RESPIRATORY THERAPY	.589522			
50	PHYSICAL THERAPY	.788398	2,285	1,801	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.367220	10,391	3,816	
56	DRUGS CHARGED TO PATIENTS	.367909	257,894	94,882	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC	.574523			
61	EMERGENCY	.799370	20,472	16,365	
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.436951			
	OTHER REIMBURS COST CNTRS				
101	TOTAL		620,248	221,741	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		620,248		

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (04/2005)

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET E
I COMPONENT NO:	I TO 3/31/2008	I PART B
I 14-1324	I	I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,455,717
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04 LINE 1.01 TIMES LINE 1.03.	
1.05 LINE 1.02 DIVIDED BY LINE 1.04.	
1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2 INTERNS AND RESIDENTS	
3 ORGAN ACQUISITIONS	
4 COST OF TEACHING PHYSICIANS	
5 TOTAL COST (SEE INSTRUCTIONS)	3,455,717

COMPUTATION OF LESSER OF COST OR CHARGES

6 REASONABLE CHARGES	
6 ANCILLARY SERVICE CHARGES	
7 INTERNS AND RESIDENTS SERVICE CHARGES	
8 ORGAN ACQUISITION CHARGES	
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10 TOTAL REASONABLE CHARGES	
11 CUSTOMARY CHARGES	
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13 RATIO OF LINE 11 TO LINE 12	
14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,490,274
17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 CAH DEDUCTIBLES	48,960
18.01 CAH ACTUAL BILLED COINSURANCE	1,264,142
LINE 17.01 (SEE INSTRUCTIONS)	
19 SUBTOTAL (SEE INSTRUCTIONS)	2,177,172
20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22 ESRD DIRECT MEDICAL EDUCATION COSTS	
23 SUBTOTAL	2,177,172
24 PRIMARY PAYER PAYMENTS	655
25 SUBTOTAL	2,176,517

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD	
27 BAD DEBTS (SEE INSTRUCTIONS)	387,905
27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	387,905
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	387,905
28 SUBTOTAL	2,564,422
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30 OTHER ADJUSTMENTS (SPECIFY)	
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32 SUBTOTAL	2,564,422
33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34 INTERIM PAYMENTS	2,492,298
34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35 BALANCE DUE PROVIDER/PROGRAM	72,124
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET E-1
I COMPONENT NO:	I TO 3/31/2008	I
I 14-1324	I	I

TITLE XVIII HOSPITAL

DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.	2,280,354		2,212,286
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)	70,000		280,012
ADJUSTMENTS TO PROVIDER .01			
ADJUSTMENTS TO PROVIDER .02			
ADJUSTMENTS TO PROVIDER .03			
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50			
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL .99	NONE		NONE
4 TOTAL INTERIM PAYMENTS	2,350,354		2,492,298
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL .99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			
SETTLEMENT TO PROVIDER .01			
SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY			

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET E-1
I COMPONENT NO:	I TO 3/31/2008	I
I 14-Z324	I	I

TITLE XVIII

SWING BED SNF

DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.
 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01
ADJUSTMENTS TO PROVIDER	.02
ADJUSTMENTS TO PROVIDER	.03
ADJUSTMENTS TO PROVIDER	.04
ADJUSTMENTS TO PROVIDER	.05
ADJUSTMENTS TO PROGRAM	.50
ADJUSTMENTS TO PROGRAM	.51
ADJUSTMENTS TO PROGRAM	.52
ADJUSTMENTS TO PROGRAM	.53
ADJUSTMENTS TO PROGRAM	.54
SUBTOTAL	.99

4 TOTAL INTERIM PAYMENTS

TO BE COMPLETED BY INTERMEDIARY

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01
TENTATIVE TO PROVIDER	.02
TENTATIVE TO PROVIDER	.03
TENTATIVE TO PROGRAM	.50
TENTATIVE TO PROGRAM	.51
TENTATIVE TO PROGRAM	.52
SUBTOTAL	.99

6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)

SETTLEMENT TO PROVIDER	.01
SETTLEMENT TO PROGRAM	.02

7 TOTAL MEDICARE PROGRAM LIABILITY

1,097,124

NONE

NONE

NONE

1,097,124

NONE

NONE

NONE

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

IN LIEU OF FORM CMS-2552-96-E-2 (05/2004)

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I
I COMPONENT NO:	I TO 3/31/2008	I WORKSHEET E-2
I 14-Z324	I	I

TITLE XVIII

SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

	PART A 1	PART B 2
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	816,076	
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3 ANCILLARY SERVICES (SEE INSTRUCTIONS)	304,887	
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5 PROGRAM DAYS	904	
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8 SUBTOTAL	1,120,963	
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10 SUBTOTAL	1,120,963	
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12 SUBTOTAL	1,120,963	
13 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	16,604	
14 80% OF PART B COSTS		
15 SUBTOTAL	1,104,359	
16 OTHER ADJUSTMENTS (SPECIFY)		
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL	1,104,359	
19 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20 INTERIM PAYMENTS	1,097,124	
20.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21 BALANCE DUE PROVIDER/PROGRAM	7,235	
22 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (04/2005)

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET E-3
I COMPONENT NO:	I TO 3/31/2008	I PART II
I 14-1324	I	I

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	2,813,168
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,813,168
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,841,300
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,841,300
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	370,834
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,470,466
23	COINSURANCE	1,512
24	SUBTOTAL	2,468,954
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	105,675
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	105,675
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	105,675
26	SUBTOTAL	2,574,629
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,574,629
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,350,354
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	224,275
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

BALANCE SHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I		
I		I	TO 3/31/2008	I	WORKSHEET G	

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	402,026			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,159,631			
5	OTHER RECEIVABLES	104,236			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,084,295			
7	INVENTORY	201,839			
8	PREPAID EXPENSES	67,825			
9	OTHER CURRENT ASSETS	80,076			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	3,931,338			
FIXED ASSETS					
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	4,396,876			
14.01	LESS ACCUMULATED DEPRECIATION	-1,099,268			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	3,297,608			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	28,464			
26	TOTAL OTHER ASSETS	28,464			
27	TOTAL ASSETS	7,257,410			

BALANCE SHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I		
I		I	TO 3/31/2008	I	WORKSHEET G	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	858,947			
29 SALARIES, WAGES & FEES PAYABLE	427,741			
30 PAYROLL TAXES PAYABLE	686,102			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	771,565			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-1,105,086			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	1,639,269			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	4,546,632			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	4,546,632			
43 TOTAL LIABILITIES	6,185,901			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1,071,509			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	1,071,509			
52 TOTAL LIABILITIES AND FUND BALANCES	7,257,410			

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I	WORKSHEET	G-1
I		I	TO 3/31/2008	I		

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		807,576		
2 NET INCOME (LOSS)		263,932		
3 TOTAL		1,071,508		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM	1			
6				
7				
8				
9				
10 TOTAL ADDITIONS		1		
11 SUBTOTAL		1,071,509		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,071,509		

	ENDOWMENT FUND 5	6	PLANT FUND 7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 2/2008
I 14-1324	I FROM 4/ 1/2007	I WORKSHEET G-2
I	I TO 3/31/2008	I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,110,902		3,110,902
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,110,902		3,110,902
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,110,902		3,110,902
17 00 ANCILLARY SERVICES	4,921,084	16,569,183	21,490,267
18 00 OUTPATIENT SERVICES			
24 00 PRO FEE	73,877	1,516,927	1,590,804
25 00 TOTAL PATIENT REVENUES	8,105,863	18,086,110	26,191,973

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	13,997,236
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 RESERVED A&G	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	13,997,236

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/ 2/2008
I	14-1324	I	FROM 4/ 1/2007	I	WORKSHEET G-3
I		I	TO 3/31/2008	I	

DESCRIPTION

1	TOTAL PATIENT REVENUES	26,191,973
2	LESS: ALLOWANCES AND DISCOUNTS ON	12,173,192
3	NET PATIENT REVENUES	14,018,781
4	LESS: TOTAL OPERATING EXPENSES	13,997,236
5	NET INCOME FROM SERVICE TO PATIENT	21,545
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	242,387
25	TOTAL OTHER INCOME	242,387
26	TOTAL	263,932
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	263,932